



ADMN

**Purchase Voucher**

Agency: 529

Health and Human Services Commission

Voucher Number: 01452917

USAS Doc Number:

Payee Name / Address:

HUMAN COALITION

PO BOX 5052

FRISCO, TX 75035-0201

TCode: AP-225-STD**Origin: FP1**

Payee ID/Check/Mail: 1264099950/9/000

Freight Amount: 0.00

Gross Amount (includes Frt.): 400,000.00

Discount Amt Taken: 0.00

Payment Amount: **400,000.00**

FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	Amount
1	0000023911 S			Human coalition A	Contract with Human Coalition PO 23911	400,000.00

ShipTo ID

H102

Contract#

HHS000050200001

Org PmtDt**IC****RC**

<u>Invoice DT:</u>	06/07/2018	<u>Req'd Pay DT :</u>	07/19/2018
<u>Inv Recv'd DT:</u>	06/07/2018	<u>Pay Due DT :</u>	07/30/2018
<u>Service DT:</u>	06/30/2018	<u>PO DT:</u>	06/26/2018

1.1	Account	Entry Event	Fund	Dept	Program	Class	Ref	Pri/grant	Amount
	762300		0001	716C	5016A	03138	2018	GR	400,000.00
Open Item Key: Conf: N									Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):Contract with Human Coalition for the Alternatives to Abortion program
june 2018

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

Approved By

Approver Phone(Area+Number)

Date Approved

07/16/2018

Date Entered into CAPPs

Approved By

Approver Phone(Area+Number)

Date Approved

Overby, Teresa Eileen

Entered By

Contact Name

Contact Phone(Area+Number)

Contract Vendor Invoice Payment Request



HHSC Health Developmental and Independence Services

Alternatives to Abortion

The attached invoice is approved for payment.

Invoice Date:	6/7/18		
Invoice Number:	Human Coalition A		
Dept. ID/Speedchart:	716C		
Object Code:	762300		
Contract Number:	HHS000050200001		
Contract Name:	Alternative to Abortion		
Payee	Human Coalition		
TIN:	2640999509		
Mail Code:	000		
Purchase Order Number:	23911		
Month of Service:	June	Amount:	\$ 400,000.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	6/7/18
Payment Due On or Before:	7/7/18

Total Amount:

CONTACT	DATE
Preparer's Name:	Michael Gill
Preparer's Phone:	512-424-6957

Approval	DATE
Name of approver	Lesley French

SIGN-OFF	DATE
Agency Contact/Preparer's Signature:	

Delay in Requisition to PO conversion in PCS. The amount of \$400,000 is an advance as allowed in 2.2.1 of the F

Bright,Toni L (HHSC/DADS)

From: Smith,Kathy (HHSC)
Sent: Monday, July 16, 2018 2:08 PM
To: Bright,Toni L (HHSC/DADS)
Cc: Gicheru,James (HHSC)
Subject: Copy of Payment Cover sheet.xls
Attachments: Copy of Payment Cover sheet.xls

Attached is the revised cover sheet with the following changes

The purchase order number now reads 23911
The mail code now reads 000
A line has been added for payee Human Coalition
The object Code now reads 762300

Let me know if you need anything else.

Kathy

Contract Vendor Invoice Payment Request



HHSC Health Developmental and Independence Services

Alternatives to Abortion

The attached invoice is approved for payment.

Invoice Date:	6/7/18
Invoice Number:	Human Coalition A
Dept. ID/Speedchart:	716C
Object Code:	4000
Contract Number:	HHS000050200001
Contract Name:	Alternatives To Abortion
TIN:	2640999509
Mail Code:	H102
Purchase Order Number:	225933 PO# 23911

Month of Service:	June 6/21/18	Amount:	\$ 400,000.00
Month of Service:		Amount:	
Month of Service:		Amount:	

Invoice Received Date:	6/7/18
Payment Due On or Before:	7/7/18

Total Amount:

CONTACT		DATE
Preparer's Name:	Michael Gill	6/27/2018
Preparer's Phone:	512-424-6957	

Approval		DATE
Name of approver	Lesley French	6/27/2018

SIGN-OFF		DATE
Agency Contact/Preparer's Signature:		

Delay in Requisition to PO conversion in PCS. The amount of \$400,000 is an advance as allowed in 2.2.1 of the F

Health and Human Services Commission

Purchase Order

Dispatch via Print

Payment Terms	Freight Terms	Ship Via	Purchase Order	HHSTX-8-0000023911
If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.			Date	Revision
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			06/26/18	Page 1
			Ship To:	H102 - Austin:4900 N Lamar Blvd HEALTH & HUMAN SERVICES COMMISSION 4900 N Lamar Blvd Ste 2100 Austin TX 78751 United States

Vendor: 1264099950 9
HUMAN COALITION
PO BOX 5052
USA
FRISCO TX 75035-0201
United States

Bill To: Invoice-HHSC Accounting
HEALTH & HUMAN SERVICES COMMISSION
4900 N Lamar Blvd
Austin TX 78751
United States

Fax: 512/424-6901
Email: HHSC_AP@hhsc.state.tx.us

Purchaser: Kinsfather, Deanna 512/406-2401

Line-Sch	Inventory Item ID - Line Description	Class/Item	Quantity	UOM	PO Price	Extended Amt	Due Date
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1-1	Contract with Human Coalition for the Alternatives to Abortion program	952-85	1.00	LOT	2366760.00000	\$2,366,760.00	08/31/2019
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Schedule Total \$2,366,760.00

Item Total for Line 1 \$2,366,760.00

Total PO Amount \$2,366,760.00

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Authorized By

06/27/2018

Bright,Toni L (HHSC/DADS)

From: Smith,Kathy (HHSC)
Sent: Monday, July 16, 2018 7:23 AM
To: Bright,Toni L (HHSC/DADS)
Subject: RE: Human Coalition Invoice "A" For Advance Payment of Program Funds
Attachments: Human Coalition AP-152 TIN APP 07.13.18.pdf

I see the confusion , let me get with our contractor.

Kathy

From: Bright,Toni L (HHSC/DADS)
Sent: Friday, July 13, 2018 4:09 PM
To: Smith,Kathy (HHSC) <Kathy.Smith01@hhsc.state.tx.us>
Subject: RE: Human Coalition Invoice "A" For Advance Payment of Program Funds

Kathy,

Please confirm the PO number and vendor name listed on your payment coversheet as it does not match the attached PO.

*Thanks,
T. Bright*

From: Smith,Kathy (HHSC)
Sent: Friday, July 13, 2018 3:57 PM
To: Bright,Toni L (HHSC/DADS)
Subject: RE: Human Coalition Invoice "A" For Advance Payment of Program Funds

Hi Toni:

I understand that we are missing a form, which we are working on getting filled out to return to AP as soon as we can.

Thanks

From: Bright,Toni L (HHSC/DADS)
Sent: Friday, July 13, 2018 3:33 PM
To: Smith,Kathy (HHSC) <Kathy.Smith01@hhsc.state.tx.us>
Cc: Addington,Hugh (HHSC) <Hugh.Addington@hhsc.state.tx.us>; Gicheru,James (HHSC) <James.Gicheru@hhsc.state.tx.us>; French,Lesley (HHSC) <Lesley.French@hhsc.state.tx.us>; Gill,Michael (HHSC) <Michael.Gill03@hhsc.state.tx.us>; Banda,Joe (HHSC) <Joe.Banda@hhsc.state.tx.us>; Overby,Teresa (HHSC/DADS) <Teresa.Overby@hhsc.state.tx.us>
Subject: RE: Human Coalition Invoice "A" For Advance Payment of Program Funds
Importance: High

Hello Kathy,

We are working on processing this payment, however it is currently in our TINS department to set up the vendors remit to address. A voucher number will be provided to you as soon as the payment is entered.

Thanks,

Toni L. Bright, CTCM

Manager, Administrative Expenditures
Accounting Operations
Health and Human Services Commission
(512) 438-2273 Office
(512) 438-5835 Fax

Submit invoices to: [HHSC AP@hhsc.state.tx.us](mailto:HHSC_AP@hhsc.state.tx.us)

From: Smith,Kathy (HHSC)

Sent: Wednesday, July 11, 2018 11:14 AM

To: Banda,Joe (HHSC); Bright,Toni L (HHSC/DADS)

Cc: Addington,Hugh (HHSC); Gicheru,James (HHSC); French,Lesley (HHSC); Gill,Michael (HHSC)

Subject: FW: Human Coalition Invoice "A" For Advance Payment of Program Funds

Hi

On June 27, 2018, the Alternatives to Abortion program submitted documentation make an advance payment to Human Coalition in the amount of \$400,000. I checked CAPPS this morning and did not find that the payment has been made.

Please expedite this payment, this is a new contractor who needs funds to begin services. If you need additional information, please contact us at 512-487-3380, or by email at kathy.smith01@hhsc.state.tx.us.

Thanks so much.

Kathy Smith, MBA,CTCM,CGAP

Special Projects

Health Developmental & Independence Services Operations

Kathy.smith01@hhsc.state.tx.us

Phone 512-487-3380



TEXAS
Health and Human
Services

*Medical and
Social Services*

From: Gill,Michael (HHSC)

Sent: Wednesday, June 27, 2018 4:12 PM

To: HHSC PRF_Requisitions <PRF_Requisitions@hhsc.state.tx.us>

Cc: Addington,Hugh (HHSC) <Hugh.Addington@hhsc.state.tx.us>; Smith,Kathy (HHSC) <Kathy.Smith01@hhsc.state.tx.us>; Mojica,Sherry (HHSC) <Sherry.Mojica@hhsc.state.tx.us>; French,Lesley (HHSC) <Lesley.French@hhsc.state.tx.us>

Subject: Human Coalition Invoice "A" For Advance Payment of Program Funds

Hello-

Please see the attached coversheet and billing invoice for Human Coalition. The advance amount is for \$400,000 and has been approved per the RFA section 2.2.1. Human Coalition originally submitted their invoice on June 7th, however due to system issues at PCS, the purchase order was delayed due to conversion issues.

If you have any questions or concerns, please feel free to reach out to me.

Thank you,

Michael Gill, CTCM

Contract Manager, Health, Developmental & Independence Services

Michael.Gill03@hhsc.state.tx.us

Office (512) 424-6997



TEXAS

Health and Human
Services

Medical and
Social Services

Contractor : **Human Coalition**

HHSC Speed chart **716C and 716D**

HHSC Division **Health, Developmental and Independent**

Contract # **HHS00005020001**

Purchase Order# **225933**

Contract Budget Period : **6/1/18 to 8/31/18**

Invoice Preparer: **Kyle Scott**

Invoice Approver:

invoices submitted

1

	REIMBURSABLE (Budget)	Budget Transfer Request
PERSONNEL - SALARIES		
Program Director	\$ 26,666.67	0.00
Clinic Director	\$ 19,000.00	0.00
Clinic Director	\$ 19,000.00	0.00
Clinic Director	\$ 19,000.00	0.00
Nurse - RN	\$ 19,000.00	0.00
Nurse - RN	\$ 19,000.00	0.00
Nurse - RN	\$ 19,000.00	0.00
Nurse - RN	\$ 19,000.00	0.00
Nurse - LVN	\$ 17,416.67	0.00
Nurse - LVN	\$ 17,416.67	0.00
Nurse - LVN	\$ 17,416.67	0.00
Nurse - LVN	\$ 17,416.67	0.00
Nurse - LVN	\$ 17,416.67	0.00
Nurse - LVN	\$ 17,416.67	0.00
Nurse - LVN	\$ 17,416.67	0.00
Nurse - LVN	\$ 17,416.67	0.00
Care Coordinator - LMSW	\$ 20,583.33	0.00
Care Coordinator	\$ 15,833.33	0.00
Care Coordinator	\$ 15,833.33	0.00
Care Coordinator	\$ 15,833.33	0.00
Care Coordinator	\$ 15,833.33	0.00

Nurse - LVN	\$ 7,441.67	0
Nurse - LVN	\$ 7,758.63	0
Nurse - LVN	\$ 7,283.33	0
Care Coordinator - LMSW	\$ 7,283.33	0
Care Coordinator	\$ 7,283.33	0
Care Coordinator	\$ 7,283.33	0
Care Coordinator	\$ 7,283.33	0
Care Coordinator	\$ 902.50	0
Instructor	\$ 902.50	0
Contact Center Agent	\$ 902.50	0
Contact Center Agent	\$ 902.50	0
Contact Center Agent	\$ 902.50	0
Contact Center Agent	\$ 902.50	0
Contact Center Agent	\$ 902.50	0
Contact Center Agent	\$ 902.50	0
Contact Center Agent	\$ 6,966.67	0
Contact Center Agent	\$ 6,966.67	0
Contact Center Agent	\$ 6,966.67	0
Contact Center Agent (Call Tagger)	\$ 6,966.67	0
Mobile Unit Driver	\$ 6,966.67	0
Mobile Unit Driver	\$ 6,966.67	0
Administrative Assistant	\$ 950.00	0
Administrative Assistant	\$ 950.00	0
Administrative Assistant	\$ 8,833.33	0
Administrative Assistant	\$ 8,833.33	0
Administrative Assistant	\$ 8,166.67	0
Research Manager	\$ 8,166.67	0
Marketing Manager	\$ 8,500.00	0
Web Developer	\$ 8,000.00	0
Technology Manager	\$ 8,000.00	0
Database Administrator	\$ 8,500.00	0
Training Manager	\$ -	0
Total	\$ 284,897.50	0

TRAVEL

Mileage	\$ 11,200.00	0.00
Airfare	\$ 3,000.00	0.00
Meals	\$ 1,416.00	0.00
Lodging	\$ 1,800.00	0.00
Miscellaneous Transportation	\$ 11,200.00	0.00
Total	\$ 28,616.00	\$ -

SUPPLIES and CONTROLLED ASSETS		
Direct Client Services	\$ 118,340.00	0.00
Administrative Supplies	\$ 8,930.00	0.00
Computer Equipment	\$ 8,930.00	0.00
Total	\$ 136,200.00	\$ -
Capital Lease Equipment		
0	0.00	0.00
0	0.00	0.00
0	0.00	0.00
Total	\$ -	\$ -
OTHER		
Lease - Clinic Facilities (2)	\$ 60,800.00	0.00
Lease - Virtual Clinic (1)	\$ 76,000.00	0.00
Utilities & Maintenance - Clinic Facilities (2)	\$ 19,000.00	0.00
Utilities & Maintenance - Virtual Clinic (1)	\$ 30,400.00	0.00
Furniture Lease - Virtual Clinic	\$ 7,600.00	0.00
Existing Mobile Unit Depreciation	\$ 12,868.00	0.00
Existing Mobile Unit Depreciation	\$ 12,868.00	0.00
Mobile Unit Operations	\$ 19,000.00	0.00
Software Licensing	\$ 19,646.00	0.00
Client Marketing, Advertising, and Related	\$ 323,729.50	0.00
Employee Recruiting Costs	\$ 300,000.00	0.00
Consulting assistance while getting fully staffed	\$ 50,000.00	0.00
Consulting Care Director	\$ -	0.00
Single Audit (Direct Cost)	\$ -	0.00
Equipment Lease	\$ -	0.00
Other Lease	\$ -	0.00
0	\$ -	0.00
Total	\$ 931,911.50	\$ -
Administrative		
Direct Client Admin	215,160.00	0.00
Total	\$ 215,160.00	\$ -

TOTAL MONTHLY Expenses	\$ 2,366,760.03	
Advance (\$400,000)		
Remaining Obligation (\$1,966,760.03)	\$ 1,966,760.03	

2.7.1 C Financial Information

Enter the expenses of direct client services (exclude adoptive parents in cells 3

Enter the expenses of adoption parents only in cells (392 N-Q)

716C	Direct Client Services (not adoptive parents)
716D	Adoptive Parents

Calculate the average costs for covered benefits using the formula:

Number of clients seen/Direct
client service expenses

Calculate the number of clients seen by using the formula below,

Number of clients seen/Total
expenditures

Track the marketing and educational material inventory each month by re
inventory amount in cell D (404-408), the amount used in cell E(404-408
inventory in cells F (404-408) for each month

Marketing/Educational Material Inventory	Month	Beginning inventory
2018	6	
2018	7	
2018	8	

FY18 Billing Invoice

ce Services

Budget Transfer Approved	Budget Transfer Percentage	Average Monthly Expenditure	Current Approved (Budget)	YTD Expenditures
0.00	0%	\$ 6,666.67	\$ 26,666.67	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 4,354.17	\$ 17,416.67	\$ -
0.00	0%	\$ 4,354.17	\$ 17,416.67	\$ -
0.00	0%	\$ 4,354.17	\$ 17,416.67	\$ -
0.00	0%	\$ 4,354.17	\$ 17,416.67	\$ -
0.00	0%	\$ 4,354.17	\$ 17,416.67	\$ -
0.00	0%	\$ 4,354.17	\$ 17,416.67	\$ -
0.00	0%	\$ 4,354.17	\$ 17,416.67	\$ -
0.00	0%	\$ 4,354.17	\$ 17,416.67	\$ -
0.00	0%	\$ 5,145.83	\$ 20,583.33	\$ -
0.00	0%	\$ 3,958.33	\$ 15,833.33	\$ -
0.00	0%	\$ 3,958.33	\$ 15,833.33	\$ -
0.00	0%	\$ 3,958.33	\$ 15,833.33	\$ -
0.00	0%	\$ 3,958.33	\$ 15,833.33	\$ -

0.00	0%	\$ 1,860.42	\$ 7,441.67	0.00
0.00	0%	\$ 1,820.83	\$ 7,758.63	0.00
0.00	0%	\$ 1,820.83	\$ 7,283.33	0.00
0.00	0%	\$ 1,820.83	\$ 7,283.33	0.00
0.00	0%	\$ 1,820.83	\$ 7,283.33	0.00
0.00	0%	\$ 1,820.83	\$ 7,283.33	0.00
0.00	0%	\$ 1,820.83	\$ 7,283.33	0.00
0.00	0%	\$ 1,820.83	\$ 7,283.33	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 225.63	\$ 902.50	0.00
0.00	0%	\$ 1,741.67	\$ 6,966.67	0.00
0.00	0%	\$ 1,741.67	\$ 6,966.67	0.00
0.00	0%	\$ 1,741.67	\$ 6,966.67	0.00
0.00	0%	\$ 1,741.67	\$ 6,966.67	0.00
0.00	0%	\$ 1,741.67	\$ 6,966.67	0.00
0.00	0%	\$ 1,741.67	\$ 6,966.67	0.00
0.00	0%	\$ 237.50	\$ 950.00	0.00
0.00	0%	\$ 237.50	\$ 950.00	0.00
0.00	0%	\$ 2,208.33	\$ 8,833.33	0.00
0.00	0%	\$ 2,208.33	\$ 8,333.33	0.00
0.00	0%	\$ 2,041.67	\$ 8,166.67	0.00
0.00	0%	\$ 2,041.67	\$ 8,166.67	0.00
0.00	0%	\$ 2,125.00	\$ 8,500.00	0.00
0.00	0%	\$ 2,125.00	\$ 8,000.00	0.00
0.00	0%	\$ 2,125.00	\$ 8,000.00	0.00
0.00	0%	\$ 2,125.00	\$ 8,500.00	0.00
0.00	0%	\$ 2,125.00	\$ 8,500.00	0.00
0	0	\$ 71,763.34	\$ 268,695.33	\$ -

0.00	0.00%	\$ 2,800.00	\$ 11,200.00	\$ -
0.00	0%	\$ 750.00	\$ 3,000.00	\$ -
0.00	0%	\$ 354.00	\$ 1,416.00	\$ -
0.00	0%	\$ 450.00	\$ 1,800.00	\$ -
0.00	0%	\$ 2,800.00	\$ 11,200.00	\$ -
\$ -	0%	\$ 2,384.67	\$ 28,616.00	\$ -

0.00	0%	\$ 29,585.00	\$ 118,340.00	\$ -
0.00	0%	\$ 2,232.50	\$ 8,930.00	\$ -
0.00	0%	\$ 2,232.50	\$ 8,930.00	\$ -
\$ -	0%	\$ 34,050.00	\$ 136,200.00	0.00

0.00	0%	0.00	0.00	0.00
0.00	0%	0.00	0.00	0.00
0.00	0%	0.00	0.00	0.00
\$ -	0%	\$ -	\$ -	0.00

0.00	0%	\$ 15,200.00	\$ 60,800.00	\$ -
0.00	0%	\$ 19,000.00	\$ 76,000.00	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 7,600.00	\$ 30,400.00	\$ -
0.00	0%	\$ 1,900.00	\$ 7,600.00	\$ -
0.00	0%	\$ 3,217.00	\$ 12,868.00	\$ -
0.00	0%	\$ 3,217.00	\$ 12,868.00	\$ -
0.00	0%	\$ 4,750.00	\$ 19,000.00	\$ -
0.00	0%	\$ 4,911.50	\$ 19,646.00	\$ -
0.00	0%	\$ 80,932.38	\$ 323,729.50	\$ -
0.00	0%	\$ 75,000.00	\$ 300,000.00	\$ -
0.00	0%	\$ 12,500.00	\$ 50,000.00	\$ -
0.00	0%	\$ -	\$ -	\$ -
0.00	0%	\$ -	\$ -	\$ -
0.00	0%	\$ -	\$ -	\$ -
0.00	0%	\$ -	\$ -	\$ -
0.00	0%	\$ -	\$ -	\$ -
\$ -	\$ -	\$ 232,977.88	\$ 931,911.50	\$ -

0.00	0%	17,930.00	215,160.00	0.00
0.00	0%	0.00	0.00	0.00
\$ -	0%	\$ 17,930.00	\$ 215,160.00	0.00

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\$ -	\$ -	\$ -	\$ -	\$ -
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191 N-Q)

Below, enter the amounts in cells (397 N-Q)

enter the amounts in cells 400 (N-Q)

reflecting the beginning
) and the ending

Less use	Ending inventory

Current Contract BALANCE	Projected Year-End Expenditures	Projected Year-End Lapse (or Over Spent)	June
\$ 26,666.67	\$ -	\$ 26,666.67	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 17,416.67	\$ -	\$ 17,416.67	0.00
\$ 17,416.67	\$ -	\$ 17,416.67	0.00
\$ 17,416.67	\$ -	\$ 17,416.67	0.00
\$ 17,416.67	\$ -	\$ 17,416.67	0.00
\$ 17,416.67	\$ -	\$ 17,416.67	0.00
\$ 17,416.67	\$ -	\$ 17,416.67	0.00
\$ 17,416.67	\$ -	\$ 17,416.67	0.00
\$ 17,416.67	\$ -	\$ 17,416.67	0.00
\$ 20,583.33	\$ -	\$ 20,583.33	0.00
\$ 15,833.33	\$ -	\$ 15,833.33	0.00
\$ 15,833.33	\$ -	\$ 15,833.33	0.00
\$ 15,833.33	\$ -	\$ 15,833.33	0.00
\$ 15,833.33	\$ -	\$ 15,833.33	0.00

\$ 7,441.67	\$ -	\$ 7,441.67	0.00
\$ 7,758.63	\$ -	\$ 7,758.63	0.00
\$ 7,283.33	\$ -	\$ 7,283.33	0.00
\$ 7,283.33	\$ -	\$ 7,283.33	0.00
\$ 7,283.33	\$ -	\$ 7,283.33	0.00
\$ 7,283.33	\$ -	\$ 7,283.33	0.00
\$ 7,283.33	\$ -	\$ 7,283.33	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 902.50	\$ -	\$ 902.50	0.00
\$ 6,966.67	\$ -	\$ 6,966.67	0.00
\$ 6,966.67	\$ -	\$ 6,966.67	0.00
\$ 6,966.67	\$ -	\$ 6,966.67	0.00
\$ 6,966.67	\$ -	\$ 6,966.67	0.00
\$ 6,966.67	\$ -	\$ 6,966.67	0.00
\$ 6,966.67	\$ -	\$ 6,966.67	0.00
\$ 950.00	\$ -	\$ 950.00	0.00
\$ 950.00	\$ -	\$ 950.00	0.00
\$ 8,833.33	\$ -	\$ 8,833.33	0.00
\$ 8,333.33	\$ -	\$ 8,333.33	0.00
\$ 8,166.67	\$ -	\$ 8,166.67	0.00
\$ 8,166.67	\$ -	\$ 8,166.67	0.00
\$ 8,500.00	\$ -	\$ 8,500.00	0.00
\$ 8,000.00	\$ -	\$ 8,000.00	0.00
\$ 8,000.00	\$ -	\$ 8,000.00	0.00
\$ 8,500.00	\$ -	\$ 8,500.00	0.00
\$ 8,500.00	\$ -	\$ 8,500.00	0.00
\$ 268,695.33	\$ -	\$ 268,695.33	\$ -

\$ 11,200.00	\$ -	\$ 11,200.00	0.00
\$ 3,000.00	\$ -	\$ 3,000.00	0.00
\$ 1,416.00	\$ -	\$ 1,416.00	0.00
\$ 1,800.00	\$ -	\$ 1,800.00	0.00
\$ 11,200.00	\$ -	\$ 11,200.00	0.00
\$ 28,616.00	\$ -	\$ 28,616.00	\$ -

\$ 118,340.00	\$ -	\$ 118,340.00	0.00
\$ 8,930.00	\$ -	\$ 8,930.00	0.00
\$ 8,930.00	\$ -	\$ 8,930.00	0.00
\$ 136,200.00	\$ -	\$ 136,200.00	\$ -

0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
\$ -	\$ -	\$ -	\$ -

\$ 60,800.00	\$ -	\$ 60,800.00	0.00
\$ 76,000.00	\$ -	\$ 76,000.00	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 30,400.00	\$ -	\$ 30,400.00	0.00
\$ 7,600.00	\$ -	\$ 7,600.00	0.00
\$ 12,868.00	\$ -	\$ 12,868.00	0.00
\$ 12,868.00	\$ -	\$ 12,868.00	0.00
\$ 19,000.00	\$ -	\$ 19,000.00	0.00
\$ 19,646.00	\$ -	\$ 19,646.00	0.00
\$ 323,729.50	\$ -	\$ 323,729.50	0.00
\$ 300,000.00	\$ -	\$ 300,000.00	0.00
\$ 50,000.00	\$ -	\$ 50,000.00	0.00
\$ -	\$ -	\$ -	0.00
\$ -	\$ -	\$ -	0.00
\$ -	\$ -	\$ -	0.00
\$ -	\$ -	\$ -	0.00
\$ -	\$ -	\$ -	0.00
\$ 931,911.50	\$ -	\$ 931,911.50	\$ -

0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00
0.00	0.00	0.00	\$ -

[illegible]

[illegible]

0.00	0.00
0.00	0.00
0.00	0.00
\$ -	\$ -

[illegible]

RUSH

TINS OUTSHEET

Expenditure Processing - Admin Claims

Out Date: 7/13/2018

Payment Due Date

7/7/2018

TIN - Current: 1264099950

Payee Name: human coalition

Invoice Number: HUMAN COALITION A

Amount: \$400,000.00

Out By: Teresa Overby

☐ TIN SET-UP

☒ NEW MAIL CODE/ADDRESS

☐ 4109 ATTACHED

COMMENTS

PO BOX 5052
FRISCO, TX 75035-0201

kathy.smith01@hhsc.state.tx.us
512.487.3380
Kathy Smith

Remember to include a: Contact Name, Backup, etc.

JUL 16 2018

RUSH

TINS OUTSHEET

Expenditure Processing - Admin Claims

Out Date: 7/13/2018

Payment Due Date

7/7/2018

TIN - Current: 12640999509.000

Please ROEN

Payee Name: human coalition

Invoice Number: HUMAN COALITION A

Amount: \$400,000.00

JUL 13 2018

Out By: Teresa Overby

Omb

☐ TIN SET-UP

☒ NEW MAIL CODE/ADDRESS

☐ 4109 ATTACHED

COMMENTS

PO BOX 5052
FRISCO, TX 75035-0201

kathy.smith01@hhsc.state.tx.us
512.487.3380
Kathy Smith

Remember to include a: Contact Name, Backup, etc.

Browder, Quintina (HHSC/DSHS)

From: Browder, Quintina (HHSC/DSHS)
Sent: Friday, July 13, 2018 3:31 PM
To: Smith, Kathy (HHSC); Addington, Hugh (HHSC)
Cc: Askenachew, Berhanu (HHSC/DADS); Dixon, Cynthia (HHSC/DADS); Jacks, Mary (HHSC/DADS); Jimenez, Jessica (HHSC/DADS); Le, David (HHSC/DADS); Prewitt, Susan (HHSC/DADS); Scruggs, Patty (HHSC); HHSC TIN Requests
Subject: OUTSHEET/RUSH - HUMAN COALITION
Attachments: AP-152 (002).pdf

Good afternoon,

This voucher rejected because the requested mail code used for payment is not set up in CAPPs or TINS.

The TIN used for this voucher was **12640999509. HUMAN COALITION**

Please contact the vendor and verify the EIN, Legal Name, address and return the attached AP152 completed back to HHSC TIN Requests <TIN.Requests@hhsc.state.tx.us>

Quintina Browder
TINs/Warrant Processing
HHSC Accounting
Phone: 512-438-3966
Fax: 512-438-2437

Overby, Teresa (HHSC/DADS)

From: Browder, Quintina (HHSC/DSHS)
Sent: Monday, July 16, 2018 11:13 AM
To: Overby, Teresa (HHSC/DADS)
Cc: Prewitt, Susan (HHSC/DADS); Dixon, Cynthia (HHSC/DADS)
Subject: HUMAN COALITION- COMPLETED
Attachments: Human Coalition.pdf

Good Morning Teresa,

Your TINS OUTSHEET request has been processed and completed. Thank You!

Quintina Browder
TINs/Warrant Processing
HHSC Accounting
Phone: 512-438-3966
Fax: 512-438-2437

Overby,Teresa (HHSC/DADS)

From: Browder,Quintina (HHSC/DSHS)
Sent: Monday, July 16, 2018 11:44 AM
To: Overby,Teresa (HHSC/DADS)
Cc: Prewitt,Susan (HHSC/DADS); Dixon,Cynthia (HHSC/DADS)
Subject: RE: HUMAN COALITION- COMPLETED

Teresa,

Please try again. Thanks!

Quintina Browder
TINs/Warrant Processing
HHSC Accounting
Phone: 512-438-3966
Fax: 512-438-2437

From: Overby,Teresa (HHSC/DADS)
Sent: Monday, July 16, 2018 11:31 AM
To: Browder,Quintina (HHSC/DSHS) <Quintina.Browder2@hhsc.state.tx.us>
Cc: Prewitt,Susan (HHSC/DADS) <susan.prewitt@hhsc.state.tx.us>; Dixon,Cynthia (HHSC/DADS) <cynthia.dixon@hhsc.state.tx.us>
Subject: FW: HUMAN COALITION- COMPLETED
Importance: High

Hello,

For some reason it is not showing up in CAPPS. Can you please look into it? This is all that shows on my end:

Business Unit: AP001
Voucher ID: HEXT
Voucher Style: Regular Voucher
Invoice Date: 07/16/2016
Pay Terms: NET30
Basic Date Type: Actual

Supplier: HUMAN COALITION
PO BOX 5052
FRISCO, TX 75035-0202
Supplier ID: 1264099950
Short Name: HUMAN COALITION
Location: PO
Address: PO BOX 5052
City: FRISCO
State: TX
Postal Code: 75035-0202
USAS Proc. Stat: Y
USAS Proc. Dt:

Look Up Location

SetID: HHSTX
Supplier ID: 1264099950
Supplier Location: begins with

Look Up Clear Cancel Basic Lookup

Search Results

View 100 First 1 of 1 Last

Supplier Location	Address Line 1	Address Line 2	Address Line 3	Address Line 4	City	State	Postal Code
*00	PO BOX 5052	(blank)	USA	(blank)	FRISCO	TX	75035-020

by From Source Document

Thank you,

Teresa Overby

Texas Department of Health and Human Services Commission (HHSC)
Accounts Payable, MC E411
PO BOX 149030 Austin, TX 78714-9030
Office: Winters, East Tower, Suite 400
Phone: 512-438-4044
Teresa.Overby@hhsc.state.tx.us

Please send invoices to HHSC_AP@hhsc.state.tx.us

For payment inquiries, call 512-438-4222. External customers may also access the Comptroller's web site www.cpa.texas.gov. Scroll down to Look-up Tools and select Search State Payments Issued.

From: Browder, Quintina (HHSC/DSHS)
Sent: Monday, July 16, 2018 11:13 AM
To: Overby, Teresa (HHSC/DADS)
Cc: Prewitt, Susan (HHSC/DADS); Dixon, Cynthia (HHSC/DADS)
Subject: HUMAN COALITION- COMPLETED

Good Morning Teresa,

Your TINS OUTSHEET request has been processed and completed. Thank You!

Quintina Browder
TINs/Warrant Processing
HHSC Accounting
Phone: 512-438-3966
Fax: 512-438-2437

Application for Texas Identification Number

• See instructions on back

For Comptroller's use only

1. Is this a new account? <input checked="" type="checkbox"/> YES Mail Code 000 <input type="checkbox"/> NO Enter Mail Code _____ Complete Sections 1 - 5 Complete Sections 1, 2 & 5		Agency number <u>5 2 9</u>	
Section 1	2. Texas Identification Number (TIN) - Indicate the type of number you are providing to be used for your TIN <input checked="" type="checkbox"/> Employer Identification Number (EIN) (9 digits) <input type="checkbox"/> Social Security number (SSN) (9 digits) Enter the number indicated <u>2 6 4 0 9 9 9 5 0</u> <input type="checkbox"/> Individual Taxpayer Identification Number (ITIN) (9 digits) <input type="checkbox"/> Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits) <input type="checkbox"/> Current Texas Identification Number (FOR STATE AGENCY USE ONLY) (11 digits)		
	3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If "YES," enter Texas Taxpayer Number <u>3 2 0 3 8 7 2 2 5 5 2</u>		
Section 2	Payee Information (Please type or print) 4. Name of payee (Individual or business to be paid) <u>HUMAN COALITION</u>		
	5. Mailing address where you want to receive payments <u>PO BOX 5052</u>		
	6. (Optional) _____		
	7. (Optional) _____		
	8. (Optional) _____		
Section 3	9. City <u>FRISCO</u> State <u>T, X</u> ZIP code <u>7 5 0 3 5 - 9 9 9 7</u>		
	10. Payee telephone number (Area code and number) <u>2 1 4 2 9 5 - 7 3 0 1</u> SIC code _____ Security type code <u>(0, 1, 2)</u> Zone code _____		
	11. Ownership Codes - Check only one code by the appropriate ownership type that applies to you or your business. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> I - Individual Recipient (not owning a business) <input type="checkbox"/> S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN) Owner's name _____ SSN / ITIN (9 digits) _____ </div> <div style="width: 48%;"> <input type="checkbox"/> L - Texas Limited Partnership: If checked, enter the Texas File Number _____ <input checked="" type="checkbox"/> T - Texas Corporation: If checked, enter the Texas File Number <u>0 8 0 1 0 7 6 5 7 9</u> <input type="checkbox"/> A - Professional Association: If checked, enter the Texas File Number _____ <input type="checkbox"/> C - Professional Corporation: If checked, enter the Texas File Number _____ <input type="checkbox"/> O - Out-of-State Corporation <input type="checkbox"/> G - Governmental Entity <input type="checkbox"/> U - State agency / University <input type="checkbox"/> F - Financial Institution <input type="checkbox"/> R - Foreign (out of U.S.A.) </div> </div> <input type="checkbox"/> P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN). Name _____ SSN / ITIN / EIN (9 digits) _____ Name _____ SSN / ITIN / EIN (9 digits) _____ <input type="checkbox"/> N - Other: If checked, explain. _____		
Section 4	12. Payment Assignment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Note: A copy of the assignment agreement between payees must be attached. Assignee name _____ Assignee TIN _____ Assignment date _____		
	13. Comments _____		
Section 5	14. sign here Date <u>July 13, 2018</u> Authorized signature (Applicant or authorized agent)		
	Agency name _____ Prepared by _____ Phone (Area code and number) _____		
15. _____			